TESTIMONY TO: PUBLIC HEALTH COMMITTEE

IN OPPOSITION TO: HB 6589

SUBMITTED BY: VICKIE NARDELLO RDH MS

DATE: March 20, 2013

Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

I speak in opposition to HB 6589, An Act Establishing a Task Force to Study the Scope of Practice for Dental Hygienists

Having spent eighteen years on the Public Health Committee, I can tell you that this issue does not need further study. In 2005 and 2006, the Public Health Department was directed to convene a committee to study various dental issues including the Advanced Dental Hygiene Practitioner. The committee did not reach consensus on the Advanced Dental Hygiene Practitioner and the Expanded Function Dental Assistant due to the inability to reach a compromise with the Connecticut State Dental Society.

In 2011, the Public Health Department was again directed to study this issue and legislation was submitted in 2012 advancing both the Advanced Dental Hygiene Practitioner and the Expanded Function Dental Assistant. The legislation was defeated on a tie vote based on the dental community's opposition to the advanced dental hygiene practitioner.

Well respected foundations such as the Pew Center for the States and the Kellogg Foundation have studied the issue of a mid level dental practitioner thoroughly. **They have determined there is a need for the mid level practitioner and most importantly that there is no documented evidence of public safety issues in the care provided by such practitioners.**

In my experience, opposition to changes in scope of practice, regardless of the profession, is motivated by economic fear. I have also found that after legislation was successfully passed making requested scope of practice changes, the various fears raised have always proved unfounded. The reason for that is that professions seeking scope changes are sensible enough to realize that they must be accompanied by appropriate education and oversight or the profession itself would be at risk. Scope of practice issues becomes a power struggle and often the associations with the most money and members prevail. **In my years on the committee professions did not come to agreement on their own. To get agreement, the Public Health Committee has had to mandate the parties coming together and facilitate the process.**

The dental community supports the expanded function dental assistant based on increasing the dentist's productivity and promoting a career ladder and yet they oppose the advanced dental hygiene practitioner that will increase access, decrease treatment costs, and create a career ladder for dental hygienists. I would argue that the real opposition lies in the fact that the Expanded Function Dental Assistant is directly supervised while the Advanced Dental Hygiene Practitioner works collaboratively with the dentist. Much of the opposition is rooted in retaining control. **The committee needs to advance both models in one bill to address different dental workforce needs. This issue has been**

**debated since 2005. It is time we stop debating and address the needs of the dental workforce especially as they relate to the public health sector. Countless unmet dental needs in both children and adults have been waiting too long.**

In these trying economic times, public health facilities face decreased funding and difficulty in recruitment and retention of personnel. Using the members of the dental workforce in the most effective manner is critical to solving these problems. An Advanced Dental Hygiene Practitioner increases access, helps to address disparities in the ability to obtain treatment and provides a cost effective solution to providing dental care. **I ask the Public Health Committee Members to choose the fair and equitable solution and report out a bill that establishes the Advanced Dental Hygiene Practitioner and the Expanded Function Dental Assistant so that this debate can end and we can focus on preventing and treating dental disease.**

***Please note attached to my testimony is the fact sheet by Kellogg on the Alaska Dental Therapist that addresses many of the same issues raised here and an article on the Kellogg Report.**

# THE EVALUATION OF THE ALASKA DENTAL THERAPIST PROGRAM

## Fact Versus Fiction

Fiction: This evaluation looked at so few dental therapists and procedures that the findings are not significant.

Fact: This evaluation assessed the implementation of Alaska's dental therapist program, based upon the work of dental therapists in five communities over a period of more than two years, as well as the experiences of hundreds of patients and the performance of dental therapists on hundreds of procedures. Using criteria derived from examination standards for assessing U.S. dental school graduates, the evaluation shows that the Alaska program is working well and confirms what numerous other studies have shown of dental therapists practicing in other countries: Dental therapists provide safe, competent and appropriate care.

Fiction: Untreated dental caries among children is the same in areas served by dental therapists as in the rest of Alaska. Clearly they are not making a difference in improving the oral health of Alaskans.

Fact: Alaska Native communities have some of the most severe oral disease in the country. Alaska's young but thriving dental therapist program, which started in 2004, has not had enough time yet to make a measurable impact on oral health, but it shows incredible promise. The RTI evaluation shows that dental therapists in Alaska are providing safe, competent and appropriate care and that they are relieving oral pain and providing restorative care to children and families in need. It will take a long time and a multifaceted strategic approach to reverse the trend of poor oral health status in these communities. Dental therapists are now well-positioned to increase education and prevention efforts to bring about the long-term benefits of preventive oral health care as well.

Fiction: The real problem in Alaska, and in many other parts of the country, is that parents don't take care of their children's teeth or their own. Poor dental hygiene wouldn't be a problem if parents did a better job helping their kids brush and if all ate healthier food and avoided sugary drinks.

Fact: When it comes to good dental care, personal responsibility - brushing, flossing and good nutrition – is important, but everyone also needs basic, regular dental care to prevent serious problems and to identify and treat problems early when they do occur. But in Alaska and nationwide, far too many people simply cannot find any dental care or afford to see a dentist, putting even the most basic dental care out of the reach of millions of families despite their best efforts to be healthy.

Fiction: Just because a program might work for a handful of folks in Alaska doesn't mean it works anywhere else.

Fact: Alaska is no different than the rest of the country in that many areas do not have enough dentists. Nationwide nearly 10,000 new dental professionals are needed to meet the needs of underserved Americans and the number of dentists is projected to decline over the next decade. If the dental

therapist program can succeed in villages accessible only by airplane, boat or snow machine, it can surely succeed elsewhere, under less extreme circumstances.

**Fiction: Dental therapists may be useful in a remote place like Alaska but there are plenty of dentists in other states and no need to think about replicating this program anywhere else.**

**Fact:** Some communities are fortunate to have enough dentists to meet everyone's needs, but that is not the case for nearly 50 million Americans who live in 4,000 federally designated dentist shortage areas. The problem is that not enough dentists practice in underserved communities – there is a mal-distribution of dentists. And in areas where dentists do practice their services are simply unaffordable for some. Dental therapists, on the other hand, are trained to work in underserved communities and in fact often come from such communities. Dental therapists expand the reach of the dental care team and can help solve dental care shortages.

**Fiction: Dental therapists have less training than a dentist yet work independently, performing irreversible surgical procedures.**

**Fact:** Dental therapists always work under the general supervision of a dentist; they do not practice independently. In addition, they are extremely well-prepared to perform uncomplicated extractions and provide fillings. This evaluation shows that restorative care provided by dental therapists is safe. They provide technically competent and appropriate care, reaffirming the evidence from numerous prior studies showing that dental therapists provide good safe care. In fact, no study to date has shown otherwise. Prior to entering practice, dental therapists undergo more than 3,000 hours of intensive training and education during a two-year, highly focused course.

**Fiction: We can solve any oral health problems by training more dentists.**

**Fact:** We do need more dentists, and we need more dentists to practice in dental shortage areas. But as things stand, it's estimated that the number of active dentists in the U.S. will decline over the next decade. Even if we could train the thousands of new dentists needed to meet our nation's dental care shortages, there's no guarantee that, after completing their four-year programs, they would establish practices in the areas where they're needed most. Meanwhile, in two years, we can train a cadre of dental therapists to join dental teams led by dentists to provide good, safe, affordable dental care in underserved communities. Dental therapists are an important part of the solution.

**Fiction: Since the W.K. Kellogg Foundation funded this evaluation and is pushing dental therapists as a model for other states to pursue, the evaluation is biased.**

**Fact:** The Kellogg Foundation, the Rasmuson Foundation and the Bethel Community Services Foundation asked RTI International to conduct this transparent and independent evaluation and the process was guided by two advisory committees that were made up of practicing dentists, educators, government officials, policymakers, tribal leaders, and representatives of leading national dental organizations.

# Most comprehensive review of dental therapists worldwide shows they provide effective dental care to millions of children

## Suggests greater role for mid-level dental providers in the United States

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BATTLE CREEK, Mich. -- An extensive review of the literature documenting care provided by dental therapists and clinical outcomes worldwide indicates that they offer safe, effective dental care to children. Released today by the W.K. Kellogg Foundation, the study reviews more than 1,100 reports regarding dental therapists and their work in various countries.

The report documents evidence that dental therapists can effectively expand access to dental care, especially for children, and that the care they provide is technically competent, safe and effective. In addition, the review also showed that the public values the role of dental therapists and there is strong patient and parental support for their work.

In the United States, dental therapists practice in Alaska and Minnesota, but there is movement in other states to use these providers to expand access to needed dental care. Numerous federal reports, the Institute of Medicine, states, tribes and foundations, such as the Kellogg Foundation and the Pew Charitable Trusts, have recommended exploring midlevel providers, such as dental therapists, as a way to solve the current dental access crisis.

The report reviews the history and practice of dental therapists in 34 countries ranging from the United States to the United Kingdom to Malaysia. Five of the top six countries on the Human Development Index -- the United States, Canada, New Zealand, Australia and the Netherlands -- employ dental therapists in their oral health workforce.

The report found no evidence to indicate that the public perspective of dental therapists in any country was other than positive, according to David Nash, DMD, MS, EdD, the William R. Willard Professor of Dental Education, Professor of Pediatric Dentistry at the College of Dentistry at the University of Kentucky, and the principal author. Nash is a member of the American Dental Association and of the American Academy of Pediatric Dentistry.

"There is no question that dental therapists provide care for children that is high quality and safe. None of the 1,100 documents reviewed found any evidence of compromises to children's safety or quality of care," said Nash. "Given these findings, the profession of dentistry should support adding dental therapists to the oral health care team."

The report, A Review of the Global Literature on Dental Therapists: in the Context of the Movement to Add Dental Therapists to the Oral Health Workforce in the United States, comes at a time when the United States is struggling to expand access to dental care, especially for children. Tooth decay is the number one chronic illness for children, more prevalent than asthma. And close to 50 million people in the United States live in areas where they cannot gain easy access to a dentist.

In 2014, as part of the Affordable Care Act, an additional 5.3 million children will be entitled to dental coverage under Medicaid, according to the Pew Charitable Trusts. Yet few dentists treat Medicaid patients now and there have been wide reports of children on Medicaid waiting months to get care.

"Barriers to dental care have created significant oral health inequities for children in this country," said Sterling K. Speirn, president and CEO of the W.K. Kellogg Foundation. "And this greatly impacts their overall health and well-being. No child should have to suffer the pain of a toothache or an abscess. We need to strongly consider expanding the number of dental professionals who can offer routine, preventive care to children in their own communities."

Historically, the focus of dental therapists has been on the prevention and treatment of dental disease in children. In many countries, such as New Zealand and Australia, dental therapists provide their services through the school system. Dental therapists typically provide routine care that includes cleanings, filling cavities, preventive care and extractions of children's teeth. While the scope of practice has typically been restricted to children, a few countries are beginning to permit dental therapists to treat adults as well.

According to the report, countries using dental therapists have been effective in improving access and the care provided to children. In New Zealand, 96 percent of school age children, and 49 percent of preschool children are enrolled in the school dental service and cared for by dental therapists. In Malaysia, 96 percent of

elementary school children and 67 percent of secondary school children are enrolled in the school dental service staffed by dental therapists. And in Hong Kong, 95 percent of children have access to dental care in school clinics.

The survey also indicated that dental therapist-led school dental services are cost-effective. School dental programs in New Zealand and Australia cost less than private fee-for-service systems. The average cost of school-based dental care in New Zealand in 2010-11 was $99 per child, which included all preventive care and treatment of cavities. In the private sector, the cost would be similar for just one examination visit, and a simple restoration would cost an additional $99.

About the W.K. Kellogg Foundation

The W.K. Kellogg Foundation (WKKF), founded in 1930 as an independent, private foundation, is among the largest philanthropic foundations in the United States. Guided by the belief that all children should have an equal opportunity to thrive, WKKF works with communities to create conditions for vulnerable children so they can realize their full potential in school, work and life.